### **U.S. Small Business Administration**

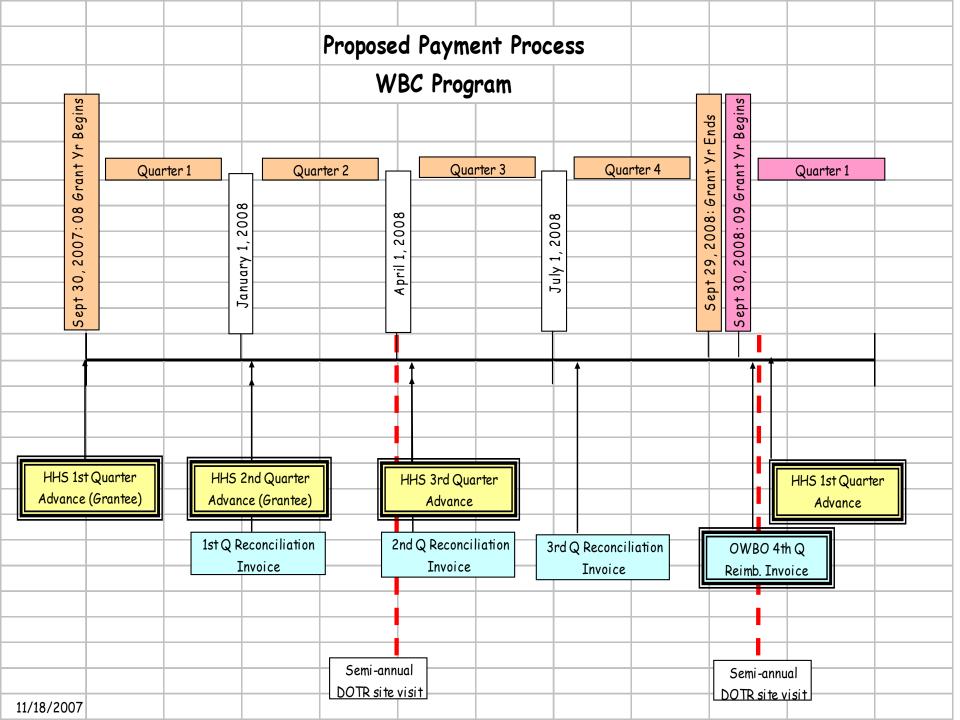


Your Small Business Resource

Office of Women's Business Ownership »HHS

# Office of Women's Business Ownership

How the process will flow...



## **OWBO**

 A quick overview of the new invoicing procedures....

### **New Invoice Process**

- Will follow some simplified worksheets
- Will begin for the quarter beginning April 1-August 31<sup>st</sup>.
- Will be countersigned by both WBC Director and Host Organization CFO.
- More details to follow.

## Important Contact Information

- SBA/OWBO Donnell Williams-Miller 202-205-7430
- SBA/ OWBO Acting Deputy Chancy Lyford 202-205-7159

### Financial Management Service



Presenter:

Frances K. Odgers

March 11, 2008



### PAYMENT MANAGEMENT SYSTEM

**Small Business Administration Office of Women Business Ownership** 



## Agenda

Overview of Division of Payment Management

Structure of the Grant Life Cycle

System Access and Payment Requests

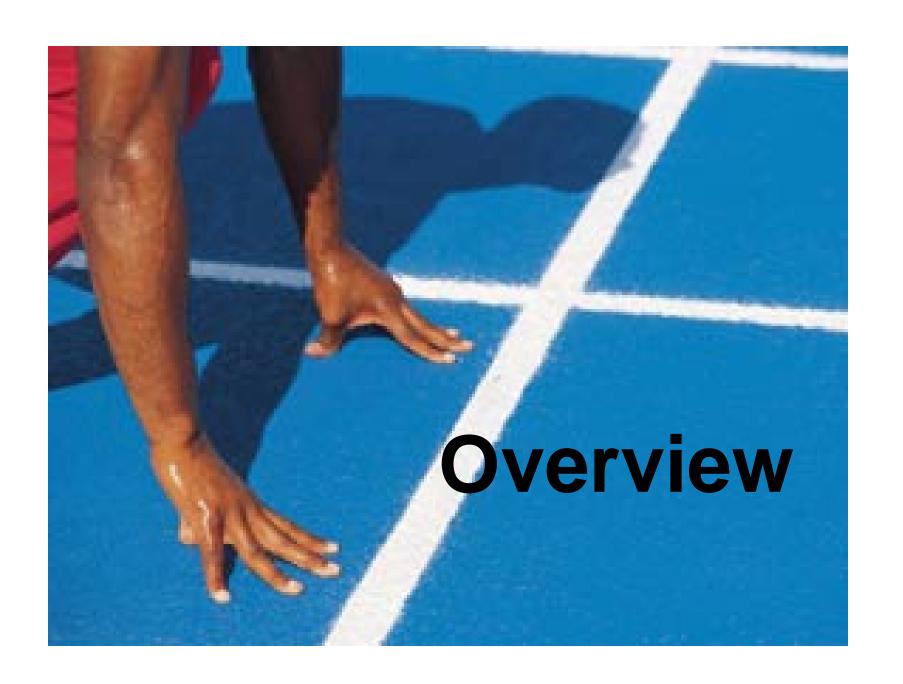
PSC 272 Overview

#### ~ BREAK ~

Ad Hoc Inquiry Overview

Information Sources

**Question and Answer Period** 



#### Director, DPM Anthony DiToto

Governmental & Tribal Payment Branch Kassandra Miles, Chief

University and Non-Profit Payment Branch Kassandra Miles, Acting Chief

Accounting & Reports Branch Brian Harris, Chief

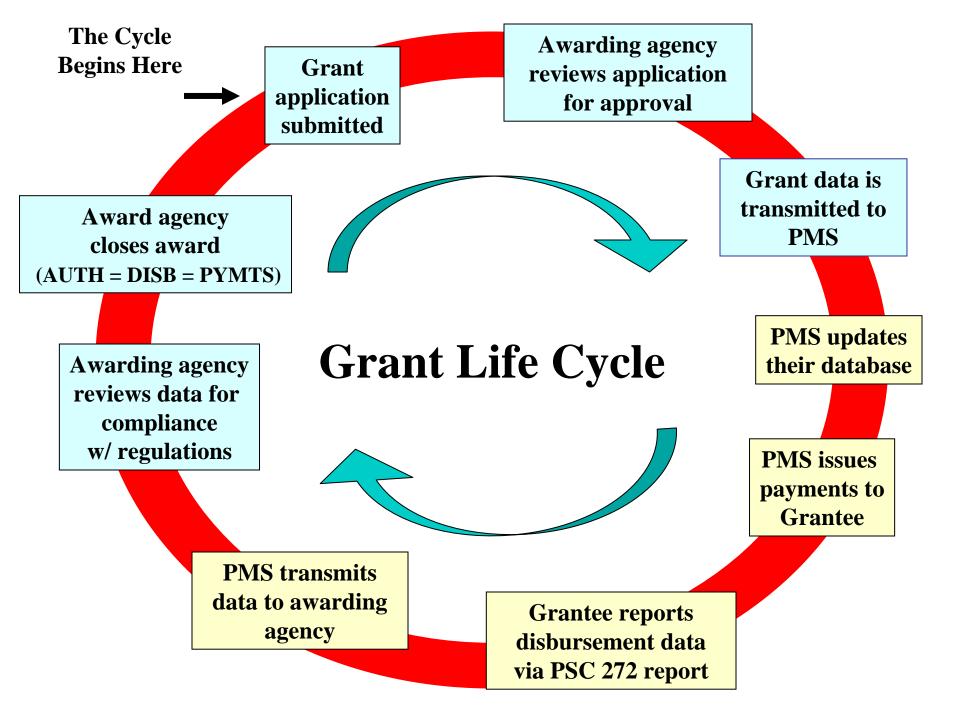
Handles account set-up and system user establishment in PMS; processes payments and performs cash management for grant recipients; facilitates debt collection for all grant funds paid through PMS; collection point for all grant-related interest throughout the Federal government; resolves disbursement reporting issues with grant recipients.

Distributes financial transaction data and reports to awarding agency customers; processes payment transaction files to the Federal Reserve Bank system and U.S. Treasury; and prepares financial reports.

Division of Financial Operations

Systems Accounting Branch (SAF

Systems Accounting Branch (SAB) Matthew A. Zakielarz, Chief Evaluates changes and enhancements to PMS; develops systems related operating procedures and system documentation; oversees the resolution of system application problems; and monitors production activity for accuracy. Conducts system analysis, design, and programming tasks; operates the computerized system; communicates with other computer centers; executes system back-up processes.



## What is the Payment Management System?

- The Payment Management System (PMS) is a internet-based mechanism used by grant recipients to withdraw funds awarded by the U.S. Government
- Funding requests can be made as often as needed (daily, weekly, bi-weekly, monthly)
- Requests for funds are reviewed, approved, confirmed and paid by the Payment Management System
- In accordance with treasury regulations, federal cash must be drawn solely to accommodate your immediate needs

## How do I receive funds via the Payment Management System (PMS)?

- You must complete a Direct Deposit Sign-up form (SF-1199A)
- You must complete a Primary Contact Sheet
- All forms should be mailed to the Awarding Agency not the Division of Payment Management
- The Awarding Agency will send all required forms to the Division of Payment Management. Once forms are received your organization will be established in PMS and you will receive a username and password from the DPM in order to withdraw funds

# Grantee Registration Objectives:

- Definitions of Direct Deposit Sign-up form (Standard Form 1199A) and Primary Contact Person form
- Learn how to access the DPM website
- Learn to complete the 1199A Direct Deposit Sign-Up Form
- Learn how to complete the Primary Contact Person Form

## What is a Direct Deposit Sign-Up form?

- ➤ The Direct Deposit Sign-Up form is a standard form which includes information such as the name of the organization to receive funds, the bank account number, type of bank account, and the name and routing number of the financial institution to receive funds.
- Grant recipients are required to complete the Direct Deposit Sign-Up form in order for funds to be directly deposited into bank accounts
- ➤ You may retrieve the form from the Division of Payment Management website at:
  - http://www.dpm.psc.gov/grant\_recipient/new\_grantee\_information/nonhhs\_1199a.aspx?
- All international recipients must have a corresponding bank in United States
- Once the direct deposit sign-up form is completed, mail the original form along with the primary contact sheet to the awarding agency
- DO NOT MAIL COPIES OF THE DIRECT DEPOSIT SIGN-UP

## What is a primary contact form?

- ➤ The Primary Contact Form allows you to obtain a username and password in order to use the Payment Management System (PMS)
- ➤ The Primary Contact Form should be mailed along with the Direct Deposit Sign-Up Form

## STEP 1: GO TO THE DIVISION OF PAYMENT MANAGEMENT (DPM) WEBSITE

**DPM** website:

www.dpm.psc.gov

You must have an internet browsers installed on your computer:

Internet Explorer (software version 4.0 or higher)

DPM Hours of Operation 7:00 AM to 6:30 PM Monday – Friday

Help Desk: 1-877-614-5533 Email: PMSSupport@psc.gov

Fax #: 301-443-8362

#### STEP 2: COMPLETE THE DIRECT DEPOSIT SIGN-UP FORM

Landard Form 1199A

- 1. Go to: http://www.dpm.psc.gov/grant\_re cipient/new\_grantee\_information /nonhhs\_1199a.aspx?
- 2. Print the form
- 3. Complete sections 1 and 2
- 4. Have your bank complete Section 3
- 5. After form is completed, mail to the Awarding Agency

#### **AVOID COMMON ERRORS:**

- ◆Provide the correct depositor account number and bank routing numbers
- ◆Ensure that your bank completes the depositor account title box in Section 3 (The name of your organization should appear in the depositor account title box)
- ◆Ensure that the depositor account title matches the name of payee
- ◆Get all of the requested signatures

easury Dept. Cir. 1016		SIGN-UP FORM			
To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed for will be returned to the Government agency identified below.  A separate form must be completed for each type of payment to be sent by Direct Deposit.		The claim number and type of payment are proceeds, (See the sample check on the back of the tion is also stated on beneficiary/annuitant awardocuments from the Government agency.  Payees must keep the Government agency into changes in order to receive important informatic to remain qualified for payments.  COMPLETED BY PAYEE!	is form.) This informa- ard letters and other armed of any address		
A NAME OF PAYEE (last, first, middle initial)	•	D TYPE OF DEPOSITOR ACCOUNT CHECKI	NG SAVINGS		
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER			
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check only one)			
TELEPHONE NUMBER AREA CODE		Secial Security   Fed Salary/Mil. Civilian Pay   Mil. Active   Mil. Regre   Mil. Regre   Mil. Regre   Mil. Service Regression (OPM)   Mil. Survive   Mil.			
B NAME OF PERSON(S) ENTITLED TO PAYMEN	Т	□VA Compensation or Pension □Other	(specify)		
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( TYPE AMOUN			
Prefix Suffix  PAYEL/JOINT PAYEE CERTIFICATION  I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION ( I certify that I have read and understood the back of the SPECIAL NOTICE TO JOINT ACCOUNT HOLDER	is form, including		
SIGNATURE	DATE	SIGNATURE	DATE		
SIGNATURE	DATE	SIGNATURE	DATE		
SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION) GOVERNMENT AGENCY NAME GOVERNMENT AGENCY ADDRESS					
	MPLETED BY				
GOVERNMENT AGENCY NAME					
GOVERNMENT AGENCY NAME	BE COMPLET	GOVERNMENT ASENCY ADDRESS	CHECK		
GOVERNMENT AGENCY NAME SECTION 3 (TO	<i>BE COMPLET</i> N	ED BY FINANCIAL INSTITUTION)  ROUTING NUMBER	CHECK DIGIT		
SECTION 3 (TO  NAME AND ADDRESS OF FINANCIAL INSTITUTION  I confirm the identity of the above-named payee(s) a tily that the financial institution agrees to receive a	BE COMPLET  N  FINANCIAL INSTIT	GOVERNMENT AGENCY ADDRESS  ED BY FINANCIAL INSTITUTION)  ROUTING NUMBER  DEPOSITOR ACCOUNT TITLE  UTION CERTIFICATION  ber and title. As representative of the above-named financial ment identified above in accordance with 31 CFR Parts 2	al institution, I cer-		
SECTION 3 (TO  SECTION 3 (TO  NAME AND ADDRESS OF FINANCIAL INSTITUTION  Loonfirm the identity of the above-named payee(s) a rity that the financial institution agrees to receive a PRINT OR TYPE REPRESENRATIVE'S NAME   5	BE COMPLET.  N  FINANCIAL INSTIT  FINANCIAL INSTIT  Indideposit the paying deposit the paying in the	ED BY FINANCIAL INSTITUTION)  ROUTING NUMBER  DEPOSITOR ACCOUNT TITLE  UTION CERTIFICATION  ber and title. As representative of the above-named financial ment identified above in accordance with 31 CFR Parts 2-  PRESENTATIVE  TELEPHONE NUMBE	al institution, I cer-		
SECTION 3 (TO  SECTION 3 (TO  NAME AND ADDRESS OF FINANCIAL INSTITUTION  I confirm the identity of the above-named payee(s) at ity that the financial institution agrees to receive a PRINT OR TYPE REPRESENRATIVE'S NAME  Financial institutions	BE COMPLET.  N  FINANCIAL INSTITUTE of REJ	GOVERNMENT AGENCY ADDRESS  ED BY FINANCIAL INSTITUTION)  ROUTING NUMBER  DEPOSITOR ACCOUNT TITLE  UTION CERTIFICATION  ber and title. As representative of the above-named financiaent identified above in accordance with 31 CFR Parts 2	al institution, I cer- 40, 209, and 210.		

#### STEP 3: FILL OUT THE PRIMARY CONTACT PERSON FORM



#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center

Division of Payment Management Post Office Box 6021 Rockville, Maryland 20852

#### **Contact Information Sheet**

Please Print or Type:
Name of Institution/Organization:
Name of Primary Contact:
Title of Primary Contact:
Telephone #:
Facsimile #:
E-Mail Address:
Mailing Address:
Name of Alternate Contact:
Title of Alternate Contact:
Telephone #:
Facsimile #:
E-Mail Address:
PLEASE MAIL THIS FORM ALONG WITH YOUR SF-1199A DIRECT DEPOSIT FORM

## System Access







#### Division of Payment Management Payment Management System - SmartLink - Electronic 272

About Us **Awarding Agency Info** Contacts

E-Gov FARS/FAGA

**Grant Recipient Info** 

Grants.gov Help

**Job Opportunities** 

**News & Events** 

**Training** En Español

#### Welcome to the Division of Payment Management web site!

For Password resets or requests, please click here

We're looking forward to receiving your comments in our surveys and your emails to us and the opportunity to better serve you!

In an effort to review our performance standards and services we provide, please visit the Program Support Center website by clicking here.

#### Important Notices:

New and Improved Feature! Spanish Translation - For General Instructions for PSC272 Report and Roles & Responsibilities, please click here.

Audit Confirmation information - please click here.

DUNS number requirement information - please click here.

The PSC 272 for the guarter ending December 31, 2005 are available. Reports filed after February 14, 2006 will be considered delinquent.

272 reporting due dates - click here!



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> U.S. Department of Health & Human Services 200 Independence Avenue, S.W. • Washington, D.C. 20201

Go to: www.dpm.psc.gov

Click on "Payment **Management System"** or "SmartLink"



Financial Management Service Division of Payment Management Payment Management System SmartLink Electronic 272

About Us

**Awarding Agency Info** 

Contacts E-Gov

FARS/FAGA

**Grant Recipient Info** 

Grants.gov

Help

**Job Opportunities** 

**News & Events** 

Training

En Español

#### **DPM Secure Systems Login Links**

Please select your desired service:

Service as of 2/2/2006 9:00:41 AM EDT

• SmartLink Payment Request

Available

• Payment Management System

Available

Status

• Electronic 272 Reporting DEC 31, 2005 REPORTS AVAILABLE - DUE DATE Available

2/14/06

THIS IS A U.S. GOVERNMENT SYSTEM AND IS FOR THE USE OF AUTHORIZED USERS ONLY, INDIVIDUALS USING THIS COMPUTER SYSTEM WITHOUT AUTHORITY OR IN EXCESS OF THEIR AUTHORITY, ARE SUBJECT TO HAVING ALL OF THEIR ACTIVITIES ON THIS SYSTEM MONITORED AND RECORDED BY SYSTEMS PERSONNEL.

IN THE COURSE OF MONITORING INDIVIDUALS IMPROPERLY USING THIS SYSTEM, OR IN THE COURSE OF SYSTEM MAINTENANCE, THE ACTIVITIES OF AUTHORIZED USERS MAY ALSO BE MONITORED.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING AND IS ADVISED THAT IF SUCH MONITORING REVEALS POSSIBLE EVIDENCE OF CRIMINAL ACTIVITY, SYSTEM PERSONNEL MAY PROVIDE THE EVIDENCE OF SUCH MONITORING TO LAW ENFORCEMENT OFFICIALS.

NOTICE: U.S. Government Computer. Unauthorized Use Prohibited by Title 18, U.S.C.



DPM

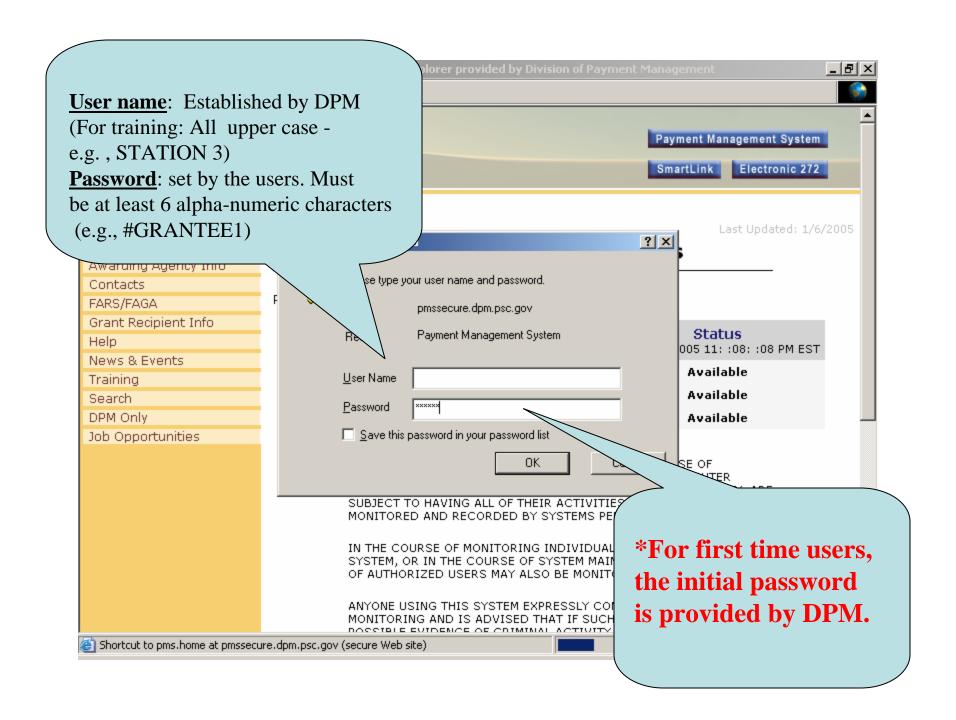


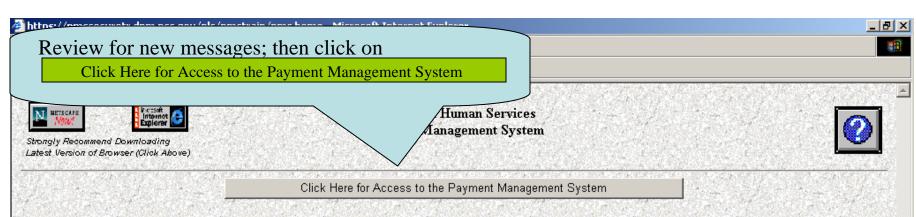
The Division of Payment Management is a Division of the US Department of Health & Human Services within the Program Support Center

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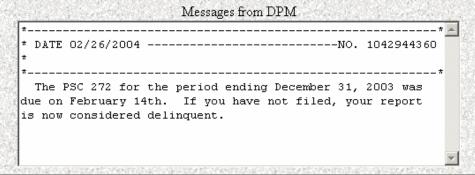
Click on "SmartLink **Payment Request" or** "Payment Management System"



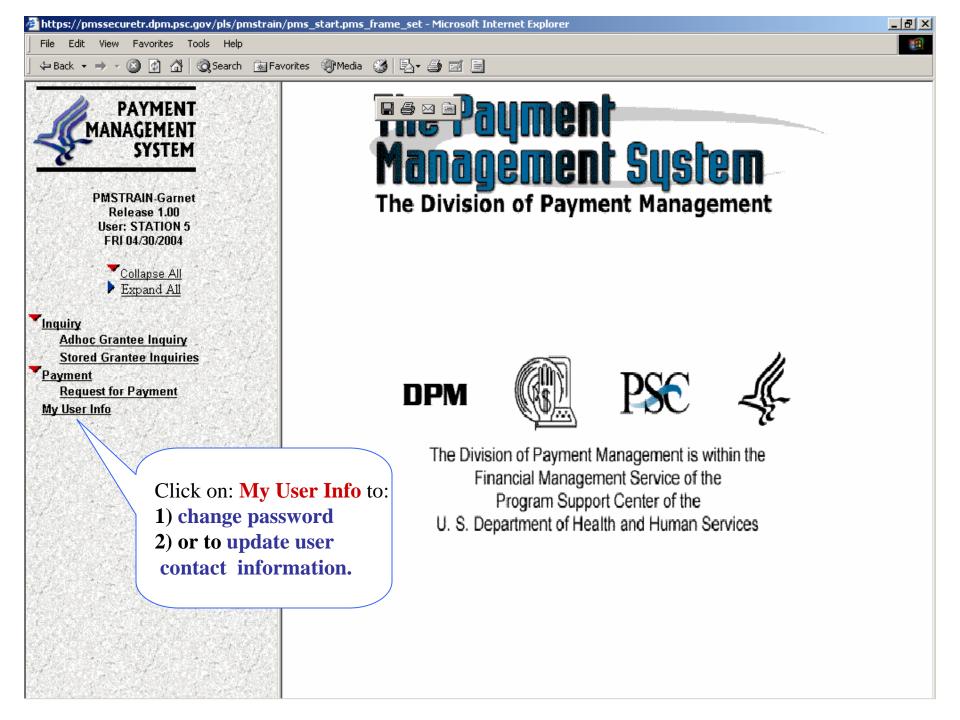


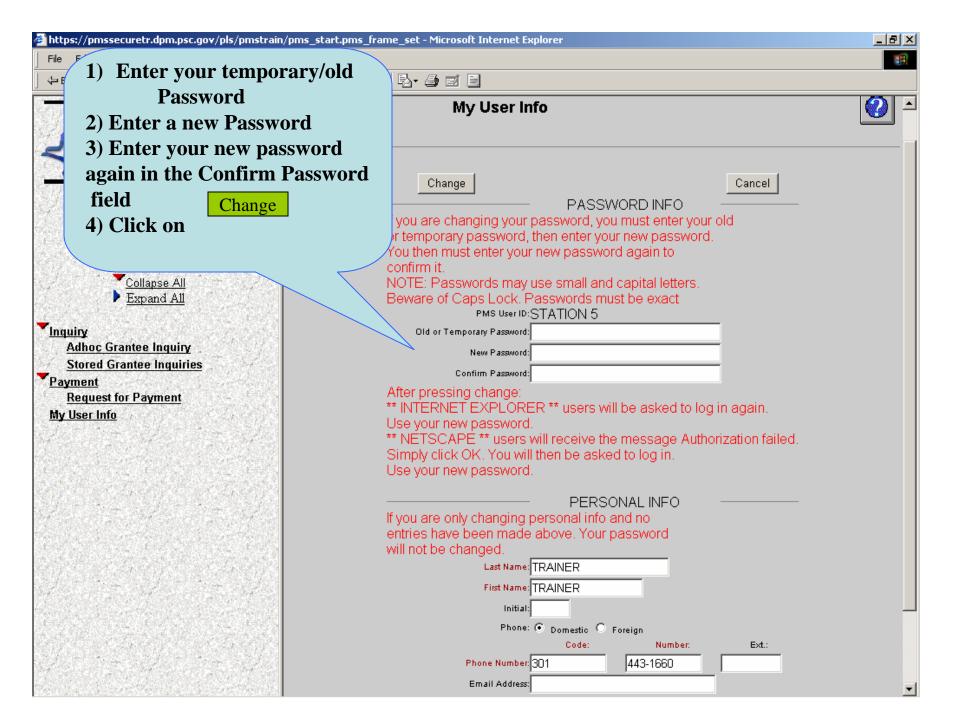
Your Password is temporary. You must change it now to access all menu options.

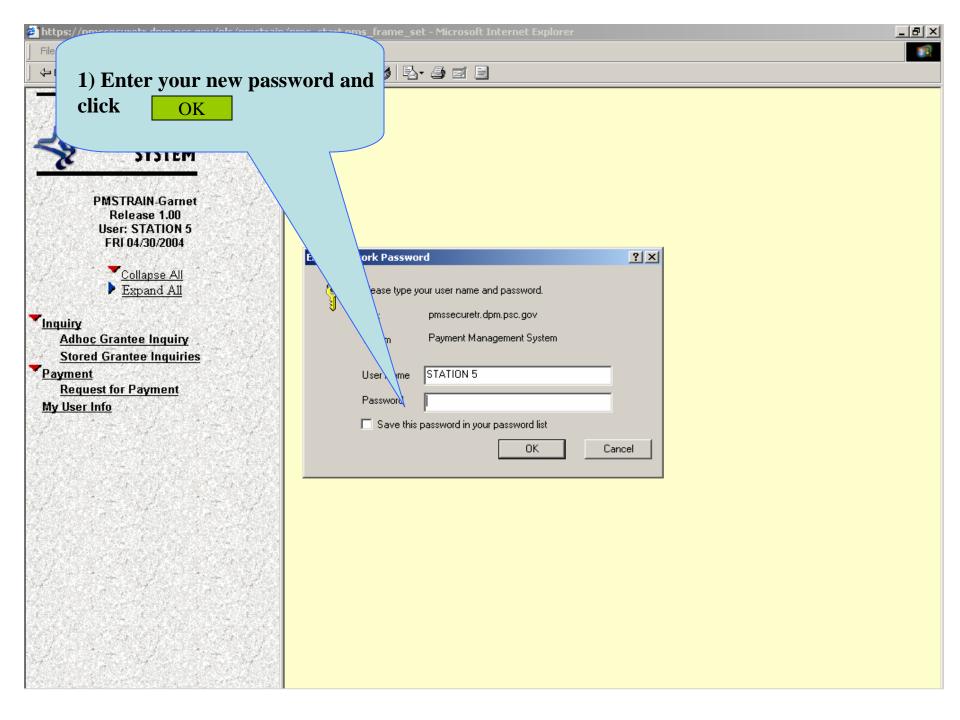
## After entering PMS by clicking on the bar above, Use My User Info at the bottom of the menu to Change Password.



For more information about this Website Call the Help Desk at (301) 443-4854, or Send E-Mail to <u>info@psc.gov</u>



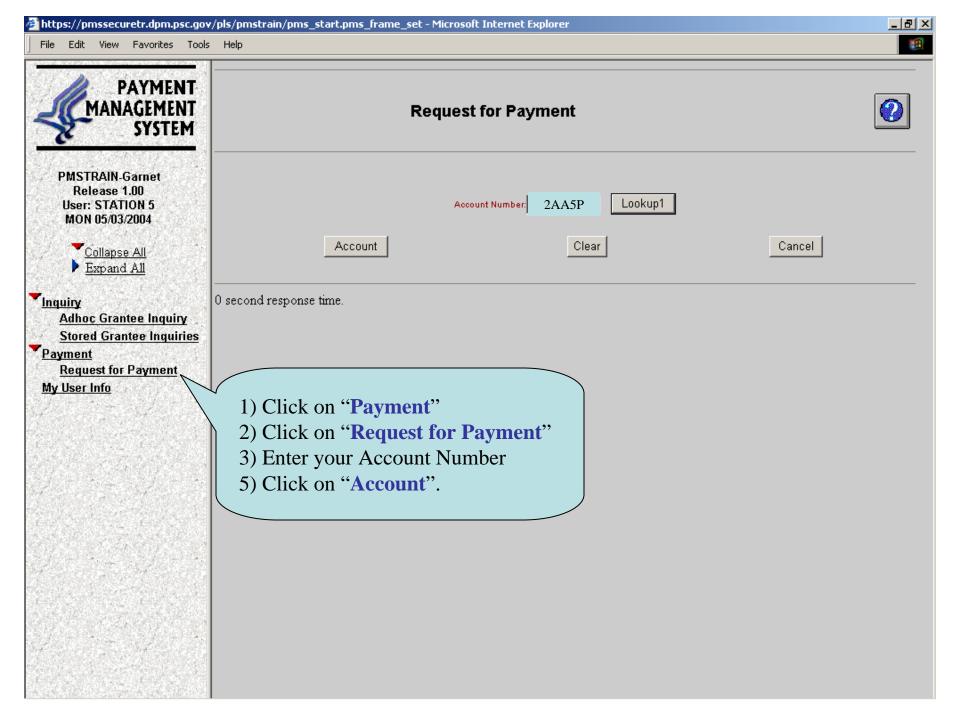


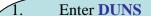




# SmartLink Payment Requests







- 2. UPDATE Requestor Information or Click the Check Box If No Changes Are Required
- 3. Enter Payment Due Date
- 4. Enter Expected Disbursement Amount
- 5. Enter Cash on Hand
- 6. Enter Payment Request Amount
- 7. Click on "Continue".



Account Number 2AASP	
DUNS:	

Person Requesting Funds:

☐ Check here if information shown is correct, otherwise,please update.

First Name:	Inétial:	Last Nav	Tie:	
Area Code:	Phone No.:	45	Ext.:	
E-Mail Address:				
	Payment Due Date:		(MM/DD/YYYY):	
Expedded Disbu	isement Amount \$:			
	Cash on Hand 9:			
Payment	Request Amount \$:			
Continue		Clear		



Cancel



Account Number 2AA5P
DUMS 123456789

Person Requesting Funds:

☐ Check here if information shown is correct; otherwise,please update.





Account Number: 2AA5P
DUNS: 123456789

Name: PMS \_\_\_\_TRAINER ( 301 ) 443 - 2292 Ed.: \_\_\_ EMBI Addres: info@psc.gov

Payment Due Date: 03/15/2005
Payment Request Amount 9: \$1,000.00

SUBACCOUNT1 SUBACCOUNT2

SubAmount.

Cancel



Account Number 2AA5P
DUNS 123456789

Name: PMS \_\_\_\_ TRAINER ( 301 ) 443 - 2292 Ed.: \_\_\_ E-Mail Address: info@psc.gov

Payment Due Date:03/15/2005 Payment Request Amount \$: \$1,000.00

	Subaccount	Bank Account	Funds Available \$	Subacct Amt Requested \$
SU	BACCOUNT1		\$240,000.00	500
SU	BACCOUNT2	,	\$63,761.00	500

Request\_Payment

GOTO Subacct

Cancel

#### Request for Payment



Request Payment Completed Transaction Info

Account: 2AA5P Payment Request Amount: \$1,000.00
Request Date: 05/03/2004 Settlement Date: 05/04/2004

Subaccount Amount \$500.00 SUBACCOUNT1 \$500.00

Payment Request is in Process, The Transaction Number For Future Reference: 1083574284

Done

2 second response time.

#### **Request for Payment**



## Done Transaction Complete

You may select another process from the menu. OR

Repeat Same Transaction Type

0 second response time.

# Reasons a Payment Can Be Denied:

- Agency Restriction

- Reasonableness

Awarding agency has the authority to restrict grant funding and payment requests

Excessive payment requests may be rejected due to large payments in budget period

Funding requests may be
- Cash on Hand/3 day rule excess cash on hand

- Late PSC 272

If the electronic PSC272 quarterly report is not filed before the due date, temporary suspension of funding privileges will occur

### **Account Inquiry Information**



Account Balance Data -

Authorized grant award information, payments made and funds available



Authorization Transactions Award amount, budget period

and date posted in PMS



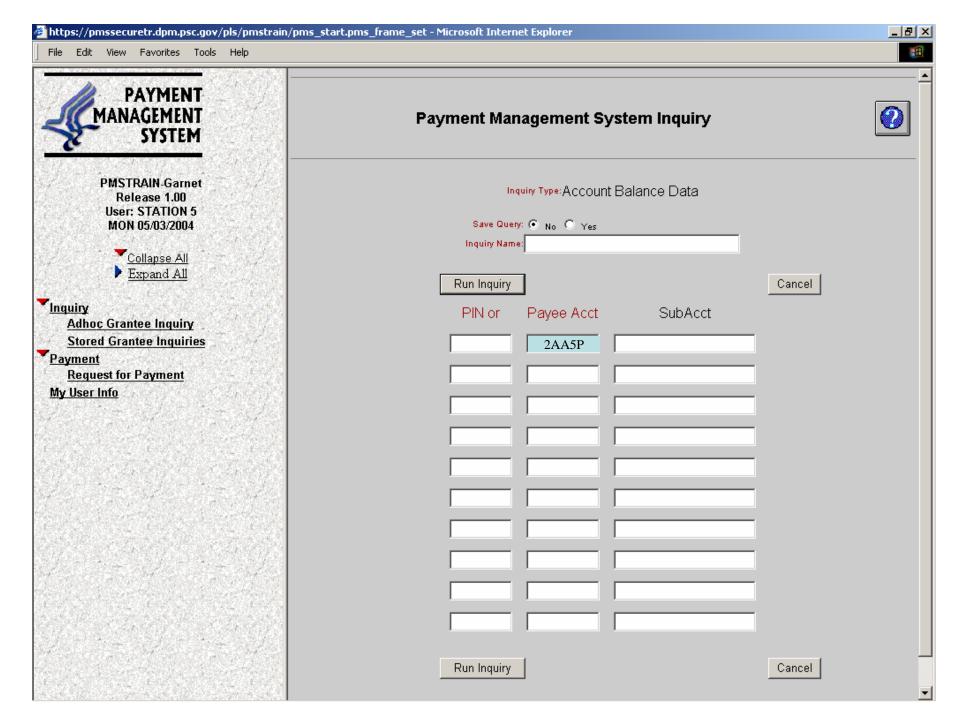
**Payment Data -**

Payment history (payments deposited and rejected)



**★** Summary Grant Data -

Grant expenditures reported on the most recent PSC272 report







**PMSTRAIN-Garnet** Release 1.00 **User: STATION 5** MON 05/03/2004

> Collapse All Expand All

Inquiry Adhoc Grantee Inquiry Stored Grantee Inquiries

Payment Request for Payment My User Info

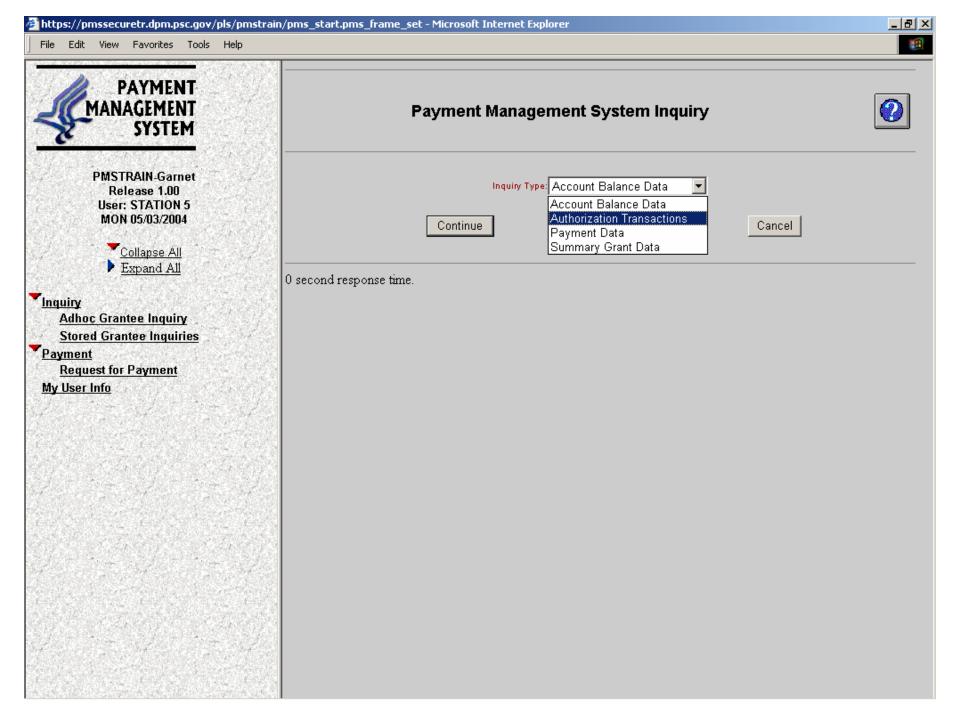
INQUIRY: SA-G DATE: 05/03/2004 TIME: 06:02:31 PM ACCOUNT\*\* \*PIN\*

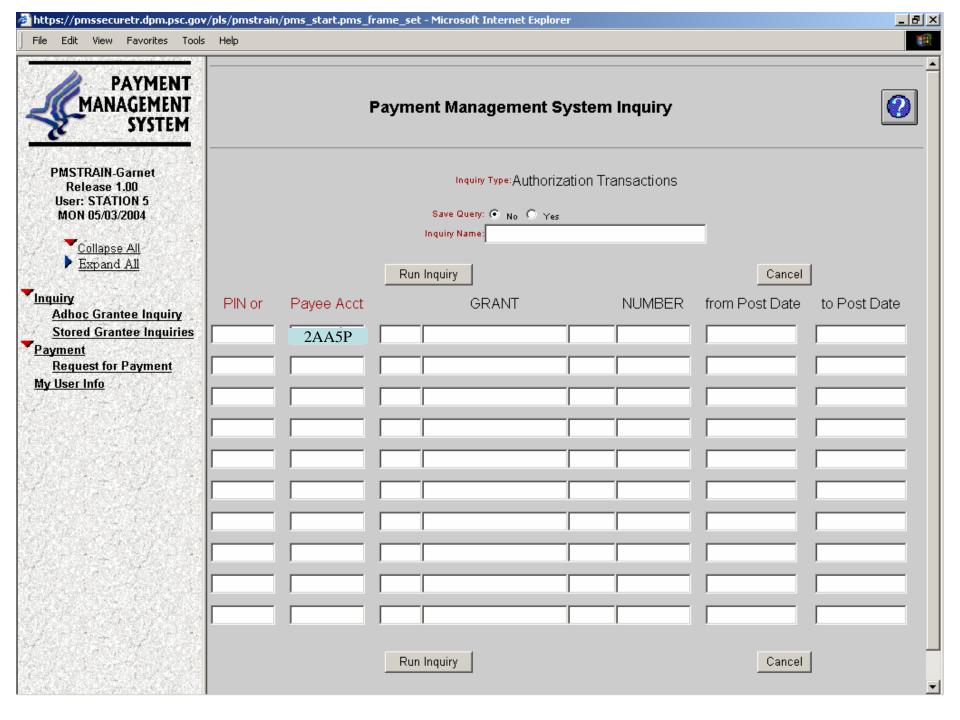
### 2AA5P 2AA5

SUBACCOUNT \*\*\*\*\*AUTHORIZED\*\*\*\* \*\*\*\*\*PAYMENTS\*\*\*\*\* \*FUNDS AVAILABLE\*\* 10723323501 \$1,350,000.00 \$240,634.20 \$1,109,365.80 \$250,000.00 \$250,000.00 PE02GR090 \$.00 PE02GR176 \$750,000.00 \$607,766.72 \$142,233.28 \*\*\*\*\*AUTHORIZED\*\*\*\* \*\*\*\*\*PAYMENTS\*\*\*\* \*FUNDS AVAILABLE\*\* LIST TOTAL \$2,350,000.00 \$1,098,400.92 \$1,251,599.08 ACCT TOTAL \$2,350,000.00 \$1,098,400.92 \$1,251,599.08

\*DEBITED\*\* \*\*POSTED\*\* \*SCHD\* \*\*\*\*AMOUNT\*\*\*\* LAST ACCT TRANSACTION 02/23/2004 02/20/2004 23989 \$15,858.00 \$24,654.00 PREV ACCT TRANSACTION 02/23/2004 02/20/2004 23988

\*\*\*\*\*\*\*\* Inquiry Results Complete \*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* You may now make another selection from the Menu





File Edit View Favorites Tools Help



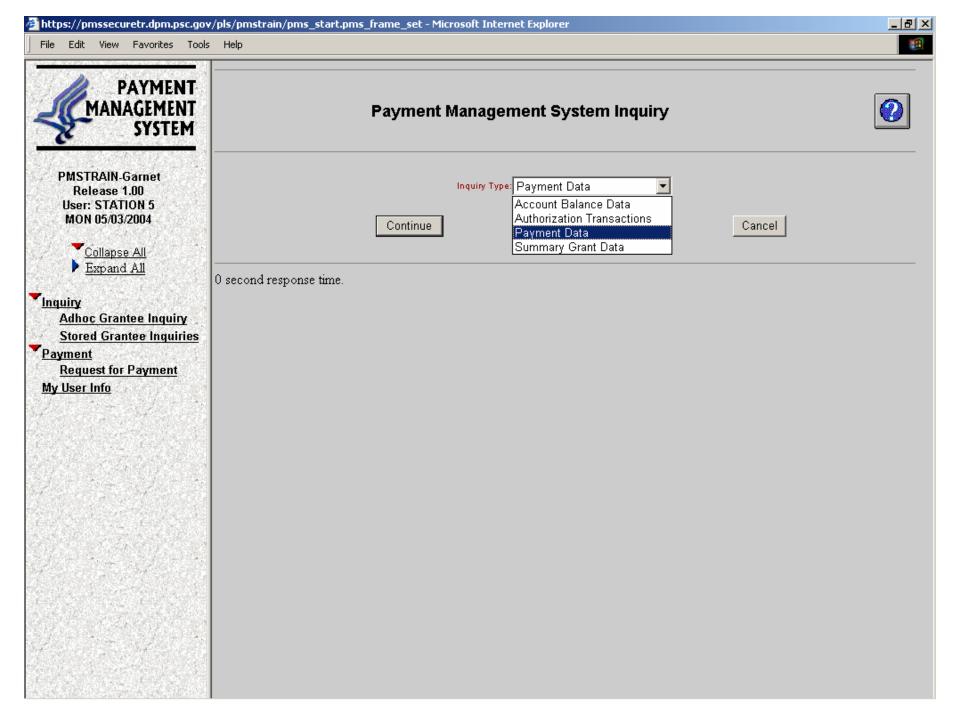
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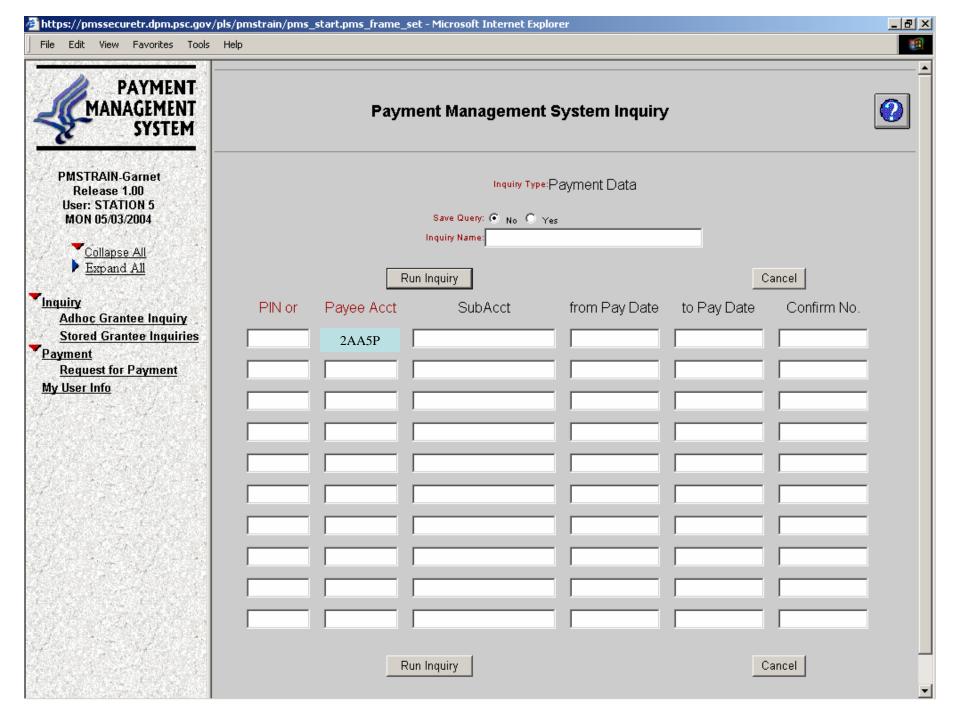
> Collapse All Expand All

Inquiry Adhoc Grantee Inquiry Stored Grantee Inquiries

Payment Request for Payment My User Info

INOUIRY: AUTHC-G DATE: 05/03/2004 TIME: 06:07:22 PM PIN: 2AA5 acc: 2AA5P DOC:107222090-012321 AGY:FDSTR99 OLD AGY:R99 AUTH TC's Follow --T/C\* \*\*\*\*\*\*FCO\*\*\*\*\*\*\* \*\*\*\*\*INC-AUTH\*\*\*\*\* POST DATE START DATE END DATE 050 2002-R990142-1072 .00 08/15/2003 05/09/2002 12/31/2003 08/15/2003 050 2002-R990142-1072 250,000.00 06/07/2002 05/09/2002 05/31/2003 06/07/2002 NET TC: 250,000.00 PIN: 2AA5 ACC: 2AA5P DOC:107222176-012321 AGY:FDSTR99 OLD AGY:R99 AUTH TC's Follow --T/C\* \*\*\*\*\*FCO\*\*\*\*\*\* \*\*\*\*\*INC-AUTH\*\*\*\*\* POST DATE START DATE END DATE ISSUE DATE 050 2002-R990142-1072 .00 01/05/2004 07/09/2002 03/31/2004 12/30/2003 050 2002-R990142-1072 750,000.00 08/02/2002 07/09/2002 12/31/2003 07/31/2002 NET TC: 750,000.00 PIN: 2AA5 ACC: 2AA5P DOC:SECAPY03GR235 AGY:FDSTR99 OLD AGY:R99 AUTH TC's Follow --T/C\* \*\*\*\*\*FCO\*\*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\*INC-AUTH\*\*\*\*\* POST DATE START DATE END DATE 050 2003-R990209-1072 1,350,000.00 10/07/2003 09/24/2003 08/31/2004 10/02/2003 NET TC: 1,350,000.00 \*\*\*\*\*\*\* Inquiry Results Complete \*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\* You may now make another selection from the Menu







PMSTRAIN-Garnet Release 1.00 User: STATION 5 MON 05/03/2004



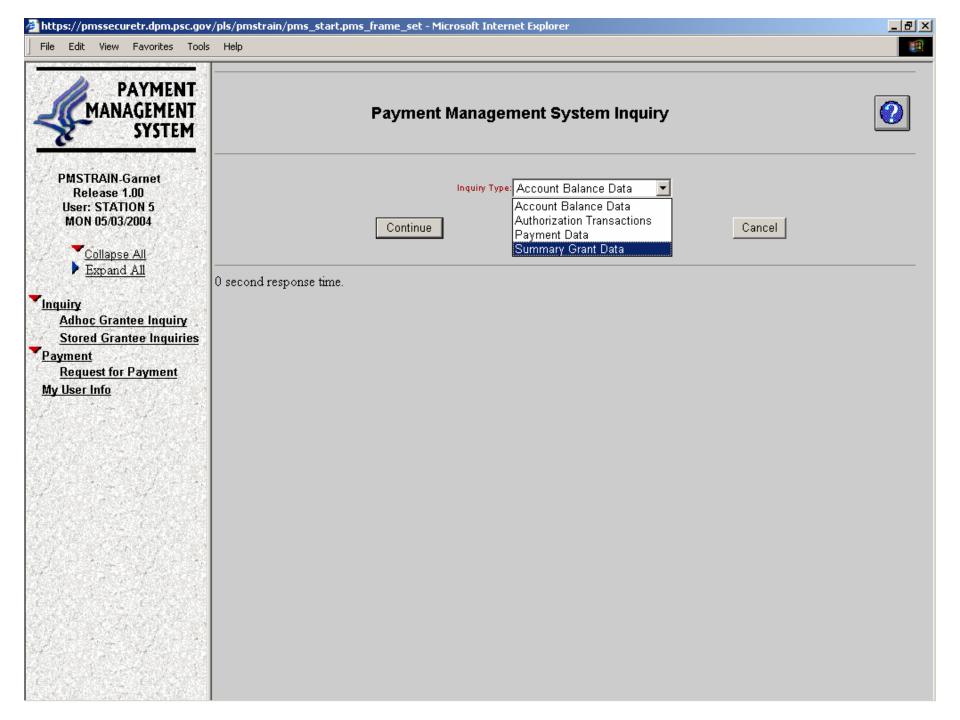
Inquiry Adhoc Grantee Inquiry Stored Grantee Inquiries

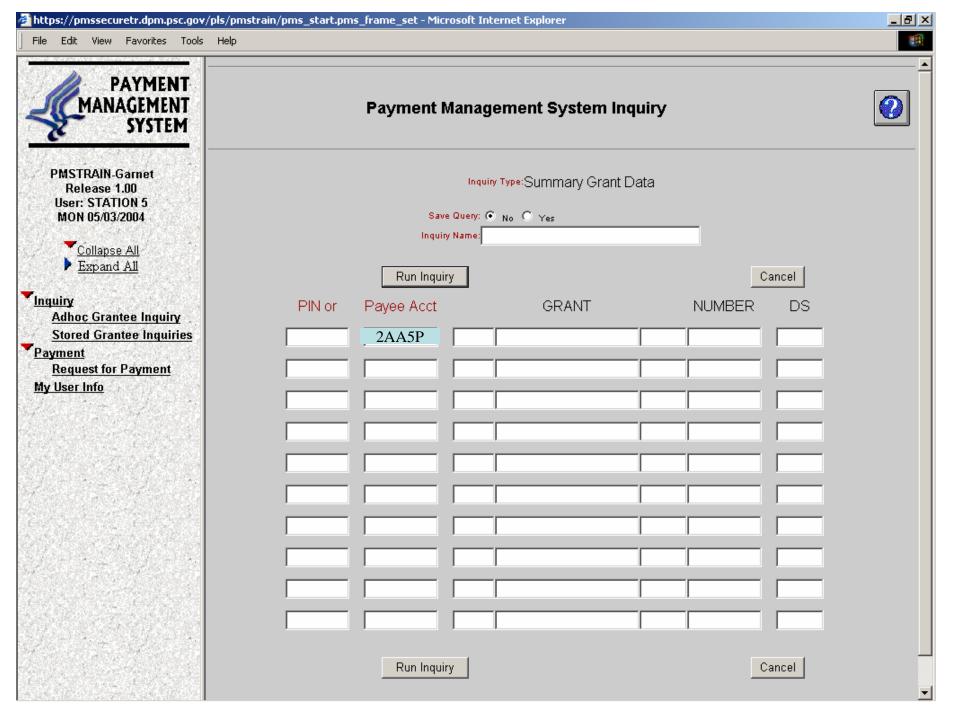
Payment Request for Payment My User Info

\_ B ×

2AA5 -ACC: 2AA5P T/C\* \*\*\*DEBIT\*\* \*\*POSTED\*\* \*\*\*\*\*\*AMOUNT\*\*\*\*\* \*DATE\*\*SCHED\* \*\*CONFIRM\* 927 02/23/2004 02/20/2004 \$15,858.00 040220 23989 1045606669 10723323501 \$15,858.00 02/23/2004 02/20/2004 \$24,654.00 040220 23988 1063589472 PE02GR176 \$24,654.00 927 02/05/2004 02/04/2004 \$125,279.20 040204 23922 1063570455 10723323501 \$125,279.20 01/16/2004 01/15/2004 \$6,400.00 040115 13848 1063472960 PE02GR176 \$6,400.00 927 01/14/2004 01/13/2004 \$10,751.43 040113 13839 1063492011 PE02GR176 \$10,751.43 12/24/2003 12/23/2003 \$80,078.70 031223 123765 1033934105 PEO2GRO90 \$80,078.70 927 12/24/2003 12/23/2003 \$26,765.00 031223 123765 1054579384 PE02GR176 \$26,765.00 927 12/09/2003 12/08/2003 \$11,466.67 031208 123701 1054568412 PE02GR176 \$11,466.67 927 11/20/2003 11/19/2003 \$21,900.00 031119 113629 1054473144 PE02GR176 \$21,900.00 10/30/2003 10/29/2003 \$16,766.67 031029 103546 1054632087 PE02GR176 \$16,766.67 10/30/2003 10/29/2003 \$2,600.00 031029 103546 1054397548 PE02GR090 \$2,600.00 10/29/2003 10/28/2003 \$33,085.00 031028 103542 1033792233 PE02GR176 \$33,085.00 \$99,497.00 031015 103488 1033741493 10/16/2003 10/15/2003 10723323501 \$99,497.00 10/09/2003 10/08/2003 \$3,800.00 031008 103462 1054377948 \$3,800.00 PEO2GRO90 927 10/09/2003 10/08/2003 \$9,000.00 031008 103462 1054377585 PE02GR176 \$9,000.00 10/03/2003 10/02/2003 \$8,666.67 031002 103440 1054381908 PE02GR176 \$8,666.67 09/29/2003 09/26/2003 \$1,000.00 030926 93415 1054298019 PE02GR176 \$1,000.00 927 09/17/2003 09/16/2003 \$3,172.00 030916 93369 1054294877 PE02GR090 \$3,172.00 \$1,200.00 030916 93369 1054294811 927 09/17/2003 09/16/2003 PE02GR176 \$1,200.00 \$15,700.00 030908 93332 1054287477 09/09/2003 09/08/2003 DF026D176 \$15 700 OO

You may now make another selection from the Menu



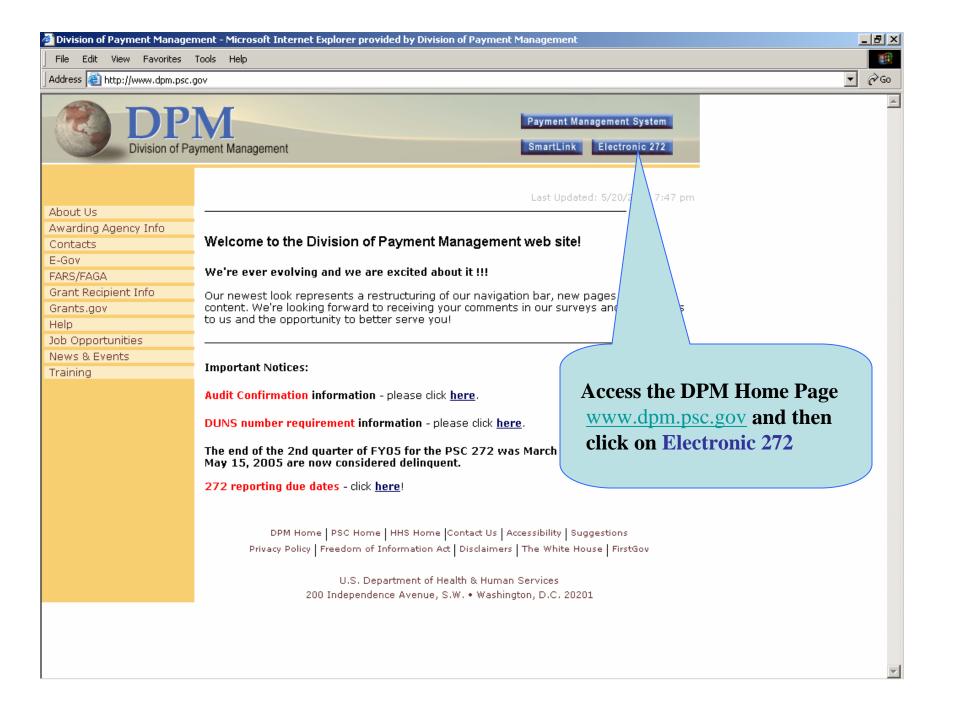


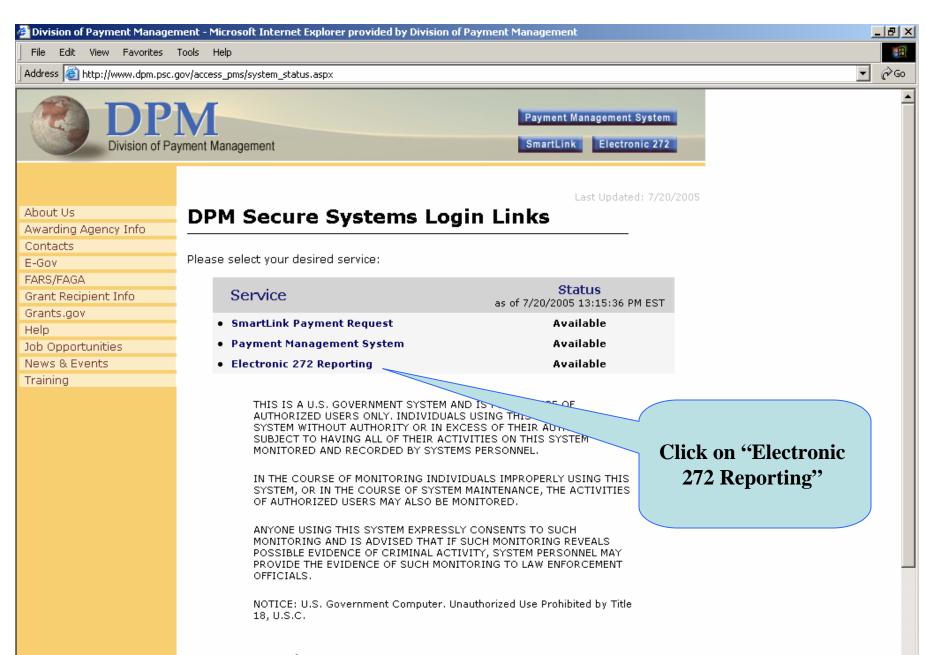
## The PSC 272 Report

### **Electronic Reporting Process**

### **WHY THE 272?**

- FEDERAL GRANT AWARDING AGENCIES COMPARE THE 272 REPORT TO RECIPIENT SF 269 FINANCIAL STATUS REPORT.
- GRANT DE-OBLIGATIONS BASED ON 272 REPORT.
- 272 REPORTS CASH MANAGEMENT TOOL FOR THE FEDERAL GOVERNMENT & GRANTEE.
- DATA SOURCE FOR AUDIT PURPOSES.
- DATA SOURCE FOR THE MEASUREMENT OF FEDERAL GRANT PERFORMANCE.

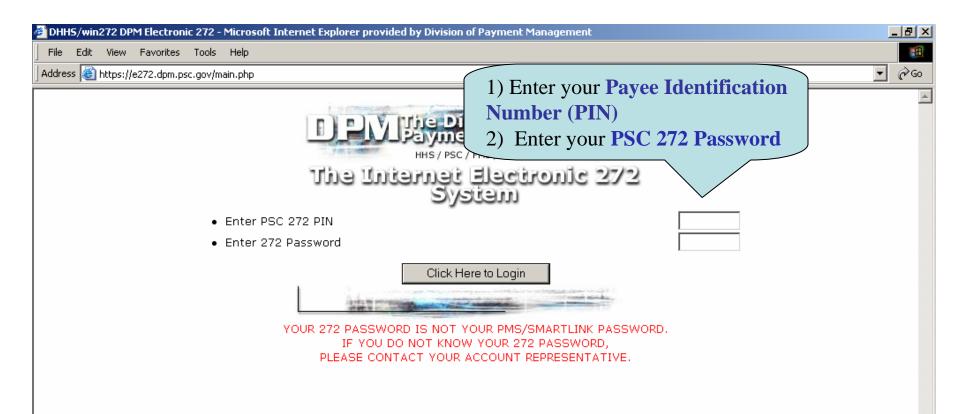














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U.S. Department of Health & Human Services 200 Independence Avenue, S.W. Washington D.C. 20201



### The Internet Electronic 272 System

Description Account General Account 2AA5P

Please click on the DPM 272 Account you wish to work with (Display/Edit).



1		
EDIT Form	Description	Create Printable Form
272-A	Federal Cash Transaction Report	<u>Create Printable Form</u>
272-B	Statement of Cash Accountability	<u>Create Printable Form</u>
272-E	Major Program Statement	Create Printable Form
272-F	Authorization For Future Periods	Create Printable Form
272-G	Inactive Documents Report	Create Printable Form
<u>272</u>	Status of Federal Cash	Create Printable Form

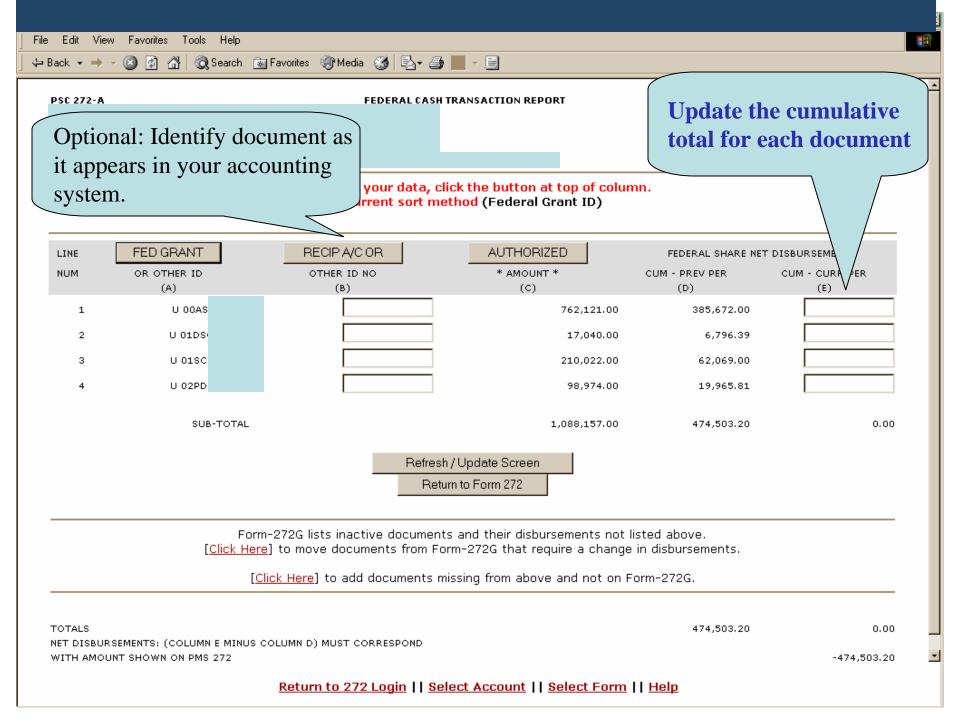
Please click on the DPM 272 Form you wish to work with (Display/Edit).

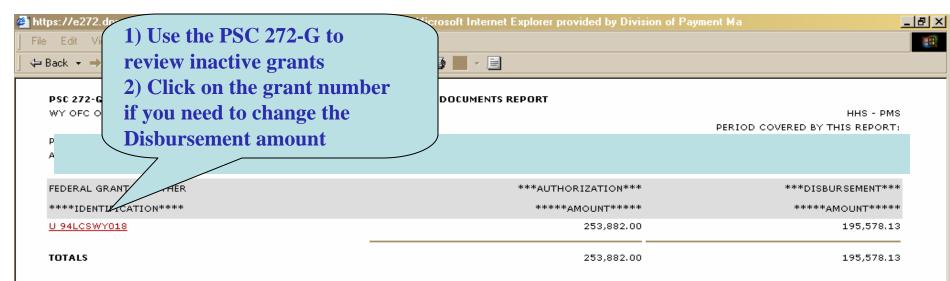
NOTE: Begin with the Form 272-A if one is available.

Return to 272 Login | | Select Account | | Select Form | | Help



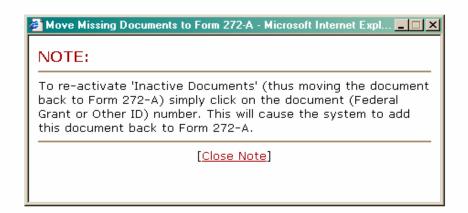


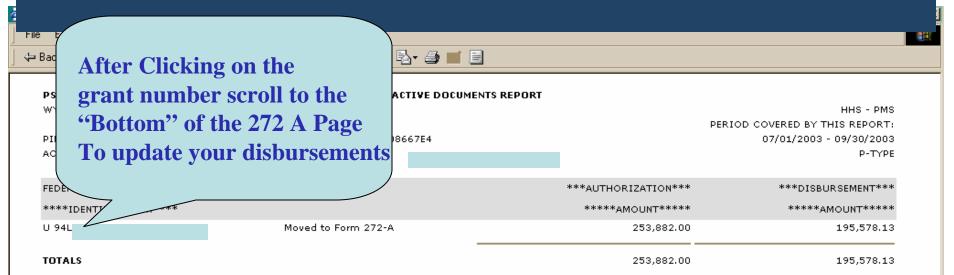




#### NOTICE TO RECIPIENT:

THE PMS 272-G REPRESENTS ALL HHS AWARDS POSTED IN THE PAYMENT MANAGEMENT SYSTEM (PMS) THAT HAVE BECOME INACTIVE DURING THE CURRENT PERIOD OR DURING A PRIOR PERIOD.





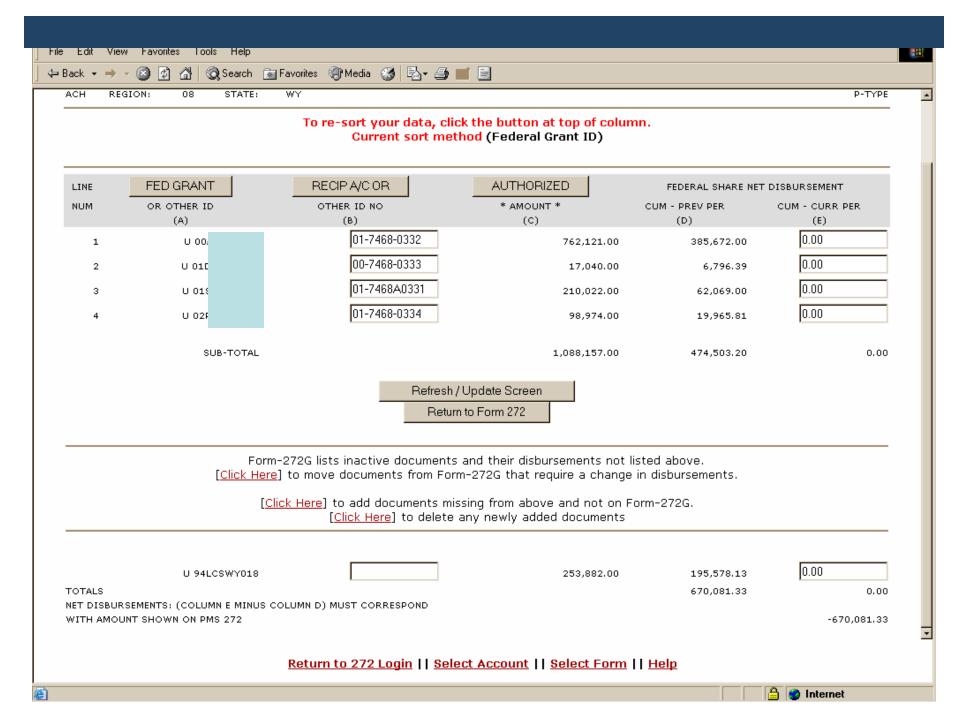
#### NOTICE TO RECIPIENT:

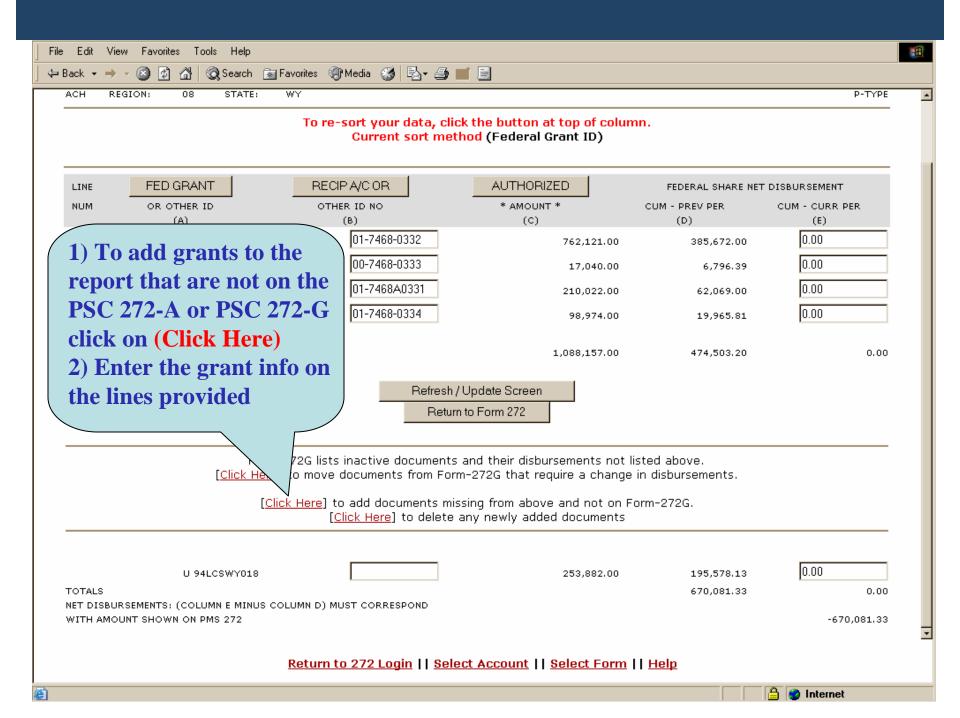
THE PMS 272-G REPRESENTS ALL HHS AWARDS POSTED IN THE PAYMENT MANAGEMENT SYSTEM (PMS) THAT HAVE BECOME INACTIVE DURING THE CURRENT PERIOD OR DURING A PRIOR PERIOD.

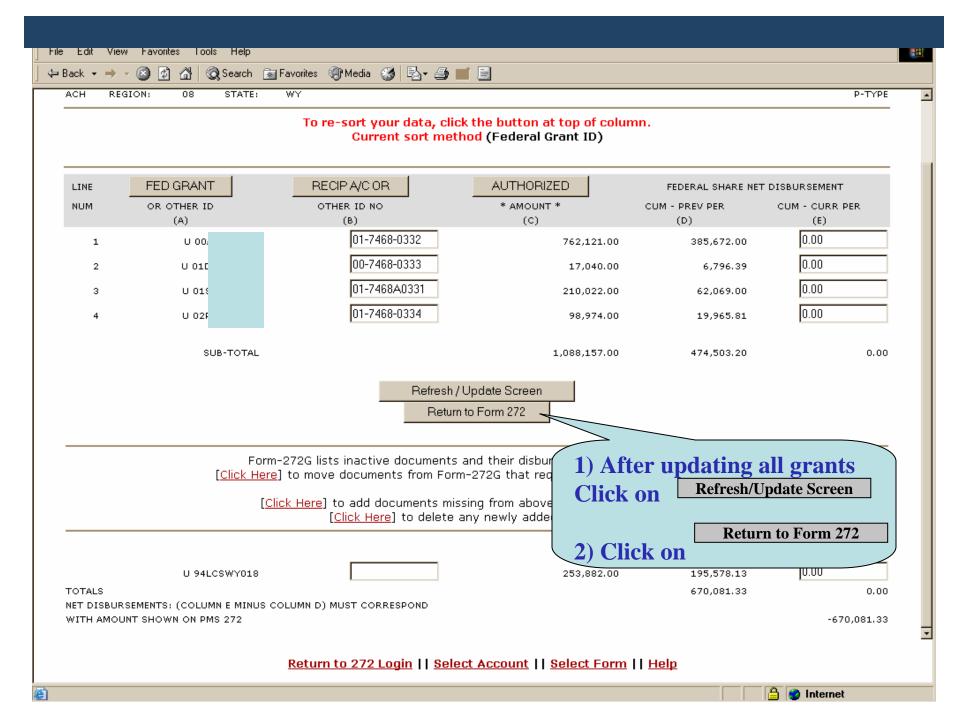


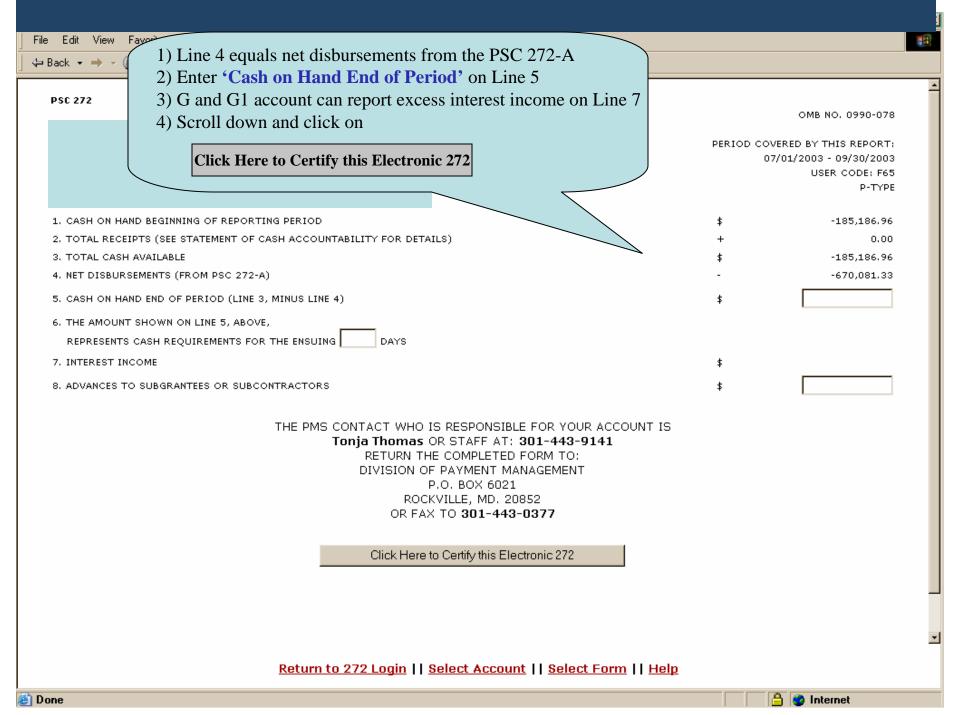












1) Read the	warning and check	your
numbers.		

2) Scroll down and fill in the "Certified By" and "Prepared By" information

3) Click on

**Upload this Electronic 272** 

#### CTION REPORT

AL CASH

OMB NO. 0990-078

PERIOD COVERED BY THIS REPORT: 01/01/2004 - 03/31/2004

THE FOLLOWING FORM 272 WILL NO BE ALLOWED TO MAKE ANY CHANGE PLEASE REVIEW THE DATA TO VERIFY AMITTED FOR PROCESSING. ONCE THIS FORM 272 IS PROCESSED YOU WILL NOT HIS FORM WITHOUT FIRST CONTACTING YOUR PMS ACCOUNT REPRESENTATIVE. IT IS ACCURATE BEFORE PROCEEDING.

PLEASE UTILIZE THE LINKS BELOW TO RETURN TO ANY/ALL 272 REPORT FORMS THAT REQUIRE CHANGES BEFORE SUBMITTING THIS FORM 272. IF YOU ARE SATISFIED WITH THIS FORM 272 YOU MAY SUBMIT IT FOR PROCESSING BY CLICKING ON 'Upload this Electronic 272'

1. CASH ON HAND BEGINNING OF REPORTING PERIOD	\$	-1,412,697.18
2. TOTAL RECEIPTS (SEE STATEMENT OF CASH ACCOUNTABILITY FOR DETAILS)	+	2,036,192.51
3. TOTAL CASH AVAILABLE	\$	623,495.33
4. NET DISBURSEMENTS (FROM PSC 272-A)	-	-11,183,956.05
5. CASH ON HAND END OF PERIOD (LINE 3, MINUS LINE 4)	\$	11,807,451.38
6. THE AMOUNT SHOWN ON LINE 5, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING '6' DAYS		
7. INTEREST INCOME	\$	0.00
8. ADVANCES TO SUBGRANTEES OR SUBCONTRACTORS	\$	0.00

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS TRUE IN ALL RESPECTS AND THAT ALL DISBURSEMENTS HAVE BEEN MADE FOR THE PURPOSE AND CONDITIONS OF THE GRANT OR AGREEMENT.

### Electronic 272 Certified By:

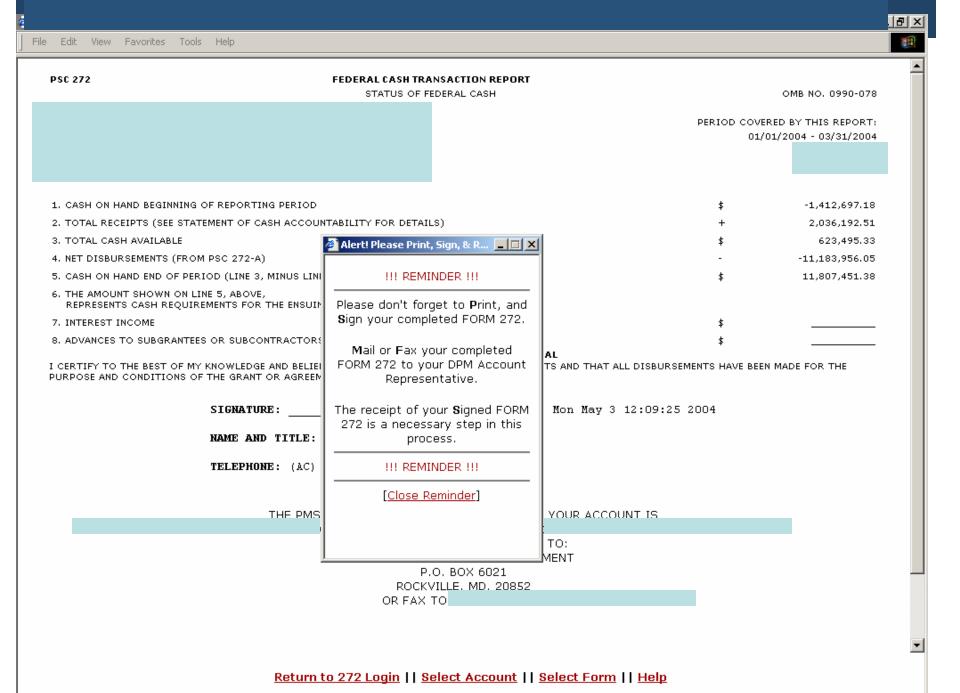
FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

TITLE:

File Edit View Favorites Tools Help		#
3. TOTAL CASH AVAILABLE	\$	623,495.33
4. NET DISBURSEMENTS (FROM PSC 272-A)	-	-11,183,956.05
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7. INTEREST INCOME	\$	0.00
8. ADVANCES TO SUBGRANTEES OR SUBCONTRACTORS	\$	0.00
I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS TRUE IN ALL RESPECTS AND THAT ALL DISBURSEME PURPOSE AND CONDITIONS OF THE GRANT OR AGREEMENT.	NTS HAVE BEI	EN MADE FOR THE
Electronic 272 Certified By:		
FIRST NAME:		
MIDDLE INITIAL:		
LAST NAME:		
TITLE:		
*E-MAIL:		
*If no email please enter NONE.		
Electronic 272 Prepared By:		
FIRST NAME:		
MIDDLE INITIAL:		
LAST NAME:		
PHONE:		
EXT:		
*E-MAIL:		
*If no email please enter NONE.		
Upload this Electronic 272		<u> </u>





PSC 272-B STATEMENT OF CASH ACCOUNTABILITY

HHS - PMS
PERIOD COVERED BY THIS REPORT:
01/01/2004 - 03/31/2004
P-TYPE

PMS TOTAL AS OF 01/01/2004

TOTAL CASH REPORTED DISBURSEMENTS CASH AVAILABLE
ACCOUNTABILITY ACTIVE INACTIVE FOR THE PERIOD
915,458.29 601,832.58 0.00 313,625.71

NET DISBURSEMENTS REPORTED FOR THE PERIOD ENDING 12/31/2003

0.00 313,625.71 -313,625.71

CASH ON HAND BEGINNING OF REPORTING PERIOD

915,458.29 915,458.29 0.00 0.00

DOCUMENT ACTIVITY

DOCUMENT TRANSACTION CASH REPORTED DISBURSEMENTS

NUMBER DESCRIPTION ACCOUNTABILITY ACTIVE

R 107222090-012321 FULLY DISB 0.00 -250,000.00 250,000.00

ADJUSTED REPORTED DISB AS OF 01/01/2004

0.00 665,458.29 250,000.00

ADVANCES TO PAYEE DURING THIS PERIOD:

LINE	PAID DT	SCHED	VOU	AMOUNT
0003	01/14/2004	13839	00000	10,751.43
0004	01/16/2004	13848	00000	6,400.00
0005	02/05/2004	23922	00000	125,279.20
0006	02/23/2004	23989	00000	15,858.00
0007	02/23/2004	23988	00000	24,654.00
0008	03/17/2004	33087	00000	38,000.00
0009	03/17/2004	33086	00000	29,735.00
0010	03/23/2004	33111	00000	25,407.40

TOTAL RECEIPTS (SEE LINE 2 OF PSC 272):

TOTAL CASH

ACCOUNTABILITY

FOR THE PERIOD

276,085.03 276,085.03

TOTAL CASH ACCOUNTABILITY AS OF 03/31/2004:

TOTAL CACH CACH ALIATIAN CACH

Edit View	Favorites 1	Tools Help						
ACC	COUNTABILIT	Υ		ACTIVE			INACTIVE	FOR THE PERIOL
		915,458.29	9	601,832.58			0.00	313,625.7
NET DISBURSE	MENTS REPO	RTED FOR T	THE PERIOD END	ING 12/31/20	03			
		0.00	0	313,625.71				-313,625.7
CASH ON HAN	D BEGINNING	OF REPORT	ING PERIOD					
		915,458.29	9	915,458.29			0.00	0.00
DOCUMENT AC	TIVITY							
DOCUMENT			TRANSACTION		CASH		REPORTED DI	SBURSEMENTS
NUMBER			DESCRIPTION		ACCOUNTABILITY		ACTIVE	INACTIV
R 107222090-	012321		FULLY DISB			0.00	-250,000.00	250,000.00
ADJUSTED REF	ORTED DISB	AS OF 01/0	01/2004					
						0.00	665,458.29	250,000.0
ADVANCES TO			RIOD:		SCHED	VOU		AMOUNT.
LINE 0003	PAID	1/2004			13839	00000		AMOUNT
0003		+/2004 5/2004			13839	00000		10,751.4
0004	-	5/2004 5/2004			23922	00000		6,400.0 125,279.2
1005	-	3/2004 3/2004			23989	00000		15,858.0
1006	-	3/2004 3/2004			23988	00000		24,654.0
0007	-	7/2004			33087	00000		38,000.0
1009		7/2004			33086	00000		29,735.0
0010	-	3/2004			33111	00000		25,407.4
FOTAL RECEIF	TS (SEE LINE	2 OF PSC 2	272):				TOTAL CASH	CASH AVAILABLI
O IAL KEGEL	.0 (022 22.12		-/-/.				ACCOUNTABILITY	FOR THE PERIOR
							276,085.03	276,085.0
TOTAL CASH A	ACCOUNTABI	LITY AS OF	03/31/2004:					
	TOTAL CA		,,,		REPORTED DISBUR:	SEMENTS		CASH AVAILABLE
				0.0771			T) (F	FOR THE PERIOD
	ACCOUNTAB:	ILITY		ACTIV	E	INACT	IVE	FOR THE PERIOD



### Remittances

### You can choose any one of three ways to return funds to DPM

### **ACH Returns (Direct Deposit)**

Returning funds to DPM via ACH (Automated Clearing House) means you will most likely be returning funds to DPM in the manner in which they were received at your organization.

You will need the following information:

The DPM ACH Routing Number is: **051036706** The DPM DFI Accounting Number: **303000** 

### **FEDWIRE Returns**

A FedWire return is a return via a WIRE. You will need the following information: The DPM FEDWIRE Routing Number: **021030004** The DPM ALC (Agency Location Code): **75010501** 

### **Check Returns**

If you choose to return funding via a check, please be sure to use the following information:

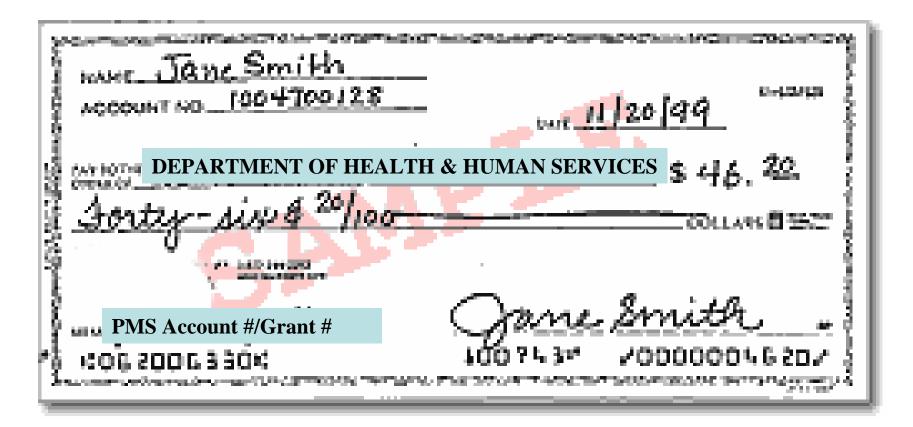
- •Check made payable to The Department of Health and Human Services
- •Indicate your Payment Management System (PMS) Account Number (PAN) on the check. This number can be found on page one of your PSC 272 Report.
- •Mail the Check to:

oThe Division of Payment Management (*Federal ID # 521396046*) oP.O. Box 6021 -- 11400 Rockville Pike, Suite 700 -- Rockville, MD 20852

#### **IMPORTANT - PLEASE INCLUDE:**

Your Payment Management System (PMS) Account Number (PAN) with your submission. This is important so we know who to credit the funding to. Please include with each submission the reason for the return. This means: is it Excess Cash, funds not spent, interest, part interest part other, etc. On electronic returns there are fields in place for submitting information with the financial data. Please make use of these fields. Please include pertinent sub account information if it applies.

# Remittances by Check



### Remittances by check may be sent:

**US Mail Address** 

Division of Payment Management Post Office Box 6021 Rockville, MD 20852

Or

**Express Mail Address** 

Division of Payment Management 11400 Rockville Pike - Suite 700 Rockwall Building I Rockville, MD 20852

# For questions, please contact: Frances K. Odgers

Accountant – Cross Servicing Team University and Non-Profit Payments Branch

Telephone: (301) 443-2090

Fax: (301) 443-2672

Email: FrancesK.Odgers@psc.hhs.gov

or

## Janet Morgan Fowler

Team Leader ~ Accountant

Government and Tribal Payments Branch

Telephone: (301) 443-2147

Fax #: (301) 443-2569

Email: Janet.Fowler@psc.hhs.gov